

**INSTRUCTIONS FOR COMPLETING FORM EQP5111
CONSTRUCTION PERMIT AND OPERATING LICENSE APPLICATIONS
HAZARDOUS WASTE TREATMENT, STORAGE, AND DISPOSAL FACILITIES**

GENERAL

Part 111, Hazardous Waste Management, of Michigan's Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451), requires certain persons who own or operate a facility where hazardous waste is treated, stored, or disposed to have an operating license. In addition, Part 111 of Act 451 requires owners and operators of certain hazardous waste facilities to obtain a construction permit. Specific requirements for operating license and construction permit applications are specified in sections 324.11123 and 324.11116 of Act 451 and R 299.9501 through R 299.9816 of the Administrative Rules for Part 111 of Act 451.

Part 111 of Act 451 establishes a procedure for obtaining interim status which allows existing facilities to operate until a hazardous waste operating license is issued. To qualify for interim status, existing facilities must complete a two-step process. The first step is the submittal of a Notification of Regulated Waste Activity form, Michigan Department of Environmental Quality (DEQ) form number EQP 5150. This form must be submitted to obtain a facility identification number. To obtain DEQ form EQP 5150, please contact the DEQ's Waste and Hazardous Materials Division (WHMD) central office in Lansing, Michigan at 517-335-2690. Potential treatment, storage, and disposal facilities (TSDFs) should contact the Chief of the Hazardous Waste and Radiological Protection Section at 517-373-4630 for a pre-application meeting. The second step is to submit the application form, DEQ form EQP5111, attached to these instructions and a copy of the facility's federal Part A permit Application, form 8700-23. Form EQP 5150 must be filed with a complete operating license application submitted by the deadline specified on Page 4 of these instructions. Otherwise, you may be subject to enforcement action until an operating license is issued, as appropriate. Construction permit applicants have no deadline to submit a complete application, since a facility cannot be newly constructed until a construction permit is issued.

AUTHORIZATION

On October 30, 1986, the United States Environmental Protection Agency (EPA) granted final authorization to Michigan to administer the state's hazardous waste management program (state program) in lieu of the federal Resource Conservation and Recovery Act hazardous waste management program. The state program has been amended seven times to maintain federal authorization, improve the overall quality of the rules, incorporate necessary revisions, and reduce regulatory barriers. The latest edition of the Administrative Rules for Part 111 of Act 451 (rules) were effective on September 11, 2000.

CONTACT

The enclosed instructions show specifically how to apply for a Michigan construction permit or operating license. If after reading the instructions you have any questions, please contact the DEQ, WHMD, Hazardous Waste Permits and Technical Support Unit for assistance at PO Box 30241, Lansing, Michigan 48909, or at 517-373-4630.

WHO MUST FILE AN APPLICATION

R 299.9502 of the rules requires certain persons owning or operating a hazardous waste TSDF to have an operating license. This includes individuals, trusts, firms, joint stock companies, corporations (including government corporations), partnerships, associations, state agencies, municipalities, commissions, interstate bodies, Indian tribes (or an authorized Indian tribe organization), and federal agencies. Certain persons who wish to own, operate, or construct a new facility for the treatment, storage, or disposal of hazardous waste also require a construction permit in Michigan, pursuant to R 299.9501. Certain exemptions apply to the permitting and licensing requirements. For specific information, please refer to R 299.9503 of the rules. If you treat, store, or dispose of hazardous waste without obtaining interim status, a construction permit, and an operating license, as necessary, you may be subject to a civil or criminal penalty.

HOW TO DETERMINE IF YOU HANDLE HAZARDOUS WASTE

1. **Off-Site Facilities.** Owners and operators of off-site hazardous waste TSDFs should obtain waste information from the generators they serve. If the generators will not supply this information, you should not accept the waste for treatment, storage, or disposal.
2. **On-Site Facilities.** Owners and operators of storage and treatment facilities that store and treat only the hazardous wastes that they generate on-site do not require a construction permit or operating license if that hazardous waste is stored for less than 90 days or treated on-site in tanks or containers. These generators must meet the requirements of Part 3 of the rules. Please see R 299.9302 for further information. Owners and operators of incinerators and waste disposal facilities do not qualify for this on-site facility exemption.

WHAT INFORMATION SHOULD BE FILED AND WHEN

There are two parts for each Michigan construction permit and operating license application submitted for TSDFs—the application form and additional information that is required to be attached to the application form. The application form defines the site information; processes to be used for treatment, storage, and disposal of hazardous waste; the design capacity of such processes; and the specific hazardous wastes to be handled at the facility. The attachments required by the form must contain detailed, site-specific information such as geologic, hydrogeologic, and engineering data and specifications. R 299.9508 and R 299.9504; and 40 CFR Part 270, Subpart B, which is adopted by reference in R 299.11003, specify the information that may be required of hazardous waste TSDFs in the attachments to the application form.

1. **Operating During Interim Status.** As provided in 40 CFR §270.13, which is adopted by reference in R 299.11003, the application form defines the processes to be used for treatment, storage, and disposal of hazardous wastes; the design capacity of such processes; and the specific hazardous wastes to be handled at a facility during the interim status period. Once the form is submitted to DEQ, changes in the hazardous wastes handled, changes in the design of facilities, changes in processes, and changes in ownership or operational control at the facility during the interim status period may only be made in accordance with the procedures in R 299.9502 of the rules. Increases in design capacity and changes in treatment processes to a different method of treatment for hazardous wastes regulated in Michigan require a construction permit to be issued by the Director of the DEQ prior to implementation. Failure to furnish all information required to process a construction permit or operating license application is grounds for denial of the application.
2. **How Many Applications Should be Filed.** For operating license applications, please submit ten copies of the application (one application per facility, as defined by R 299.9103(l) of the rules), which describes all of the activities at the facility. If you conduct hazardous waste activity(ies) at more than one facility, you must submit a separate application for each facility. For construction permit applications, a separate application must be filed for each method of treatment or disposal at each facility.
3. **Where to File.** Mail the application form and attachments to DEQ, WHMD P. O. Box 30241, Lansing, Michigan 48909. In addition, you may need to file a Part A application form, form 8700-23, with the EPA Region 5 Office located at 77 West Jackson Boulevard, Chicago, Illinois 60604. Copies of the Part A application form may be obtained from the DEQ, WHMD office specified in this paragraph, or call 517-373-4630 or from the U.S. Environmental Protection Agency's Web page at <http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>.

4. **When to File.** As required by R 299.9510 of the rules, the deadlines for filing a complete application are as follows:
- a) Existing Facility: For interim status facilities, the application must be filed within 180 days after being requested to do so by the Director. For licensed facilities, the application must be filed not less than 180 days before the expiration date of the existing license, unless permission for a later date is granted by the Director.
 - b) New Facility: New facilities, except for limited storage facilities, must file a construction permit application prior to any of the following occurrences: The physical construction of a new TSDF; the expansion or enlargement beyond the previously authorized design capacity or area of a TSDF; the alteration of the method of treatment or disposal previously authorized at a treatment or disposal facility to a different method of treatment or disposal. Each method of treatment or disposal requires a separate construction permit.

CONFIDENTIAL INFORMATION

All information submitted in this form, including the required attachments to the form, is subject to public disclosure, to the extent provided by the Freedom of Information Act, 1976 PA 442, as amended; section 324.11129 of Act 451; and the DEQ, WHMD, Hazardous Waste Permits and Technical Support Unit's Confidential Material Handling Procedure.

Persons filing this form may make claims of confidentiality for certain information. Such claims must be clearly indicated and list the specific information for which confidential treatment is requested at the time of filing. This information will be held as confidential until a request for information that includes the information previously designated by the applicant as confidential is received. The DEQ, WHMD will notify the applicant of any such request for public records. The applicant has 30 days after receipt of the notice to demonstrate that the information should not be disclosed because it is a trade secret, would jeopardize the competitive position of the applicant, and make available information that is not otherwise publicly available. If a satisfactory demonstration is not made by the applicant within 30 days, the DEQ must release the requested information. For information requested by parties that have a dispute with the applicant, a final decision on whether to release the information shall be made by the Director of the DEQ. Information covered by a confidentiality claim and the above demonstration will be disclosed by the WHMD only to the extent and by means of the procedures set forth in section 324.11129 of Act 451.

Michigan Construction Permit and Operating License Application Form—Line by Line Instructions.

GENERAL

This form must be completed by all applicants.

Please type or print in the unshaded areas only. Abbreviate if necessary to stay within the number of boxes allowed for each item. If you must use additional sheets, indicate clearly the number of the item on the form to which the information on the separate sheet applies.

Unless otherwise specified in the instructions to the form, each item must be answered. To indicate that an item has been considered, enter "NA" for not applicable if a particular item does not fit the circumstances or characteristics of your facility or activity.

If you have previously submitted information to DEQ that answers a question, you may either repeat the information in the space provided or attach a copy of the previous submission. Some items in the form require narrative explanation. If more space is necessary to answer a question, attach a separate sheet entitled "Additional Information."

Note: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition Items I-IV, and XVII must be completed. All other sections may be left blank.

ITEM I: FACILITY EPA ID NUMBER

Space is provided for insertion of the facility ID number. If you have an existing facility, enter the facility ID number. If you do not know your ID number, please contact the DEQ, WHMD Lansing Central Office, at 517-335-2690, which will provide you with your number, or send you an application to apply for a facility ID number. If your facility is new (not yet constructed) or you do not have an ID number, leave this item blank.

ITEM II: FACILITY'S LEGAL OWNER

1. **Items A through D, Owner Information:** Enter the name of the legal owner(s) of the facility, including the property owner. Also enter the address and phone number where this individual can be reached. Use additional sheets of paper, if necessary, to list more than one owner.
2. **Item E, Owner Type:** Using the codes listed below, indicate in section II.E the code which *best describes* the legal status of the current owner of the facility:
 - a) F = Federal
 - b) S = State
 - c) I = Indian
 - d) P = Private
 - e) C = County
 - f) M = Municipal
 - g) D = District
 - h) O = Other

3. **Item F, Owner Change:** *(If this is your facility's first application, leave Item II.F blank and skip to Item III).*

If the owner of this facility has changed since the facility's previous application was submitted, place an "X" in the box marked "Yes" and enter the date the owner changed.

If the owner of this facility has not changed since the facility's previous application was submitted, place an "X" in the box marked "No" and skip to item III.

If any additional owners have been added or replaced since the facility's previous application was submitted, place an "X" in the box marked "Yes." List any additional owner(s), the dates they became owners, and which owner(s) they replaced, if appropriate, on a separate sheet of paper.

ITEM III: FACILITY OPERATOR

1. **Items A through D, Operator Information:** Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity, which controls the facility's operation rather than the plant or site manager. Do not use an informal or conversational name. Also enter the telephone number and address where the operator can be contacted.

2. **Item E, Operator Type:** Using the codes listed below, indicate in section III.E the code which *best describes* the legal status of the current operator of the facility:

- a) F = Federal
- b) S = State
- c) I = Indian
- d) P = Private
- e) C = County
- f) M = Municipal
- g) D = District
- h) O = Other

3. **Item F, Operator Change:** *(If this is your facility's first application, leave Item III.F blank and skip to Item IV).*

If the operator of this facility has changed since the facility's previous application was submitted, place an "X" in the box marked "Yes" and enter the date the operator changed.

If the operator of this facility has not changed since the facility's previous application was submitted, place an "X" in the box marked "No" and skip to item IV.

If any additional operators have been added or replaced since the facility's previous application was submitted, place an "X" in the box marked "Yes." List any additional operator(s), the dates they became operators, and which operators(s) they replaced, if appropriate, on a separate sheet of paper.

ITEM IV: TITLEHOLDER OF LAND

Items A through D, Titleholder Information: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which is the titleholder of the land upon which the facility operates, as described in this application. This may or may not be the same name as the facility. Do not use an informal or conversational name. Also enter the telephone number and address where the titleholder of land can be contacted.

ITEM V: CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION

1. **Application Type:** Please check the appropriate box to specify whether this application is for a construction permit or an operating license.
2. **Operating License Applications:** Please check the appropriate box to specify the type of operation license application submitted.
 - a) If the facility has not been previously licensed, and has been newly constructed pursuant to a construction permit or if the facility has interim status pursuant to 40 CFR §270.70, which is adopted by reference in R 299.11003, then check box B.1.
 - b) If this is a renewal application for a facility previously licensed in Michigan to treat, store or dispose of hazardous wastes, check box B.2.
 - c) If this is an application for a license modification, check box B.3.
 - d) If this is an application for a temporary license for research, development and demonstration, check box B.4.

ITEM VI: FIRST OR RENEWAL APPLICATION

1. **Existing Facility** means a TSDF that either received all necessary state-issued environmental construction and/or operating permits before January 1, 1980, or for which approval of construction was received from the Air Pollution Control Commission before November 19, 1980, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF. Existing facilities also include those TSDFs which were operating before January 1, 1980, under existing authority, or before promulgation of new federal rules that caused the facility to become subject to regulation as a TSDF and which did not require state-issued environmental construction or operating permits.
2. **First application:** For existing facilities, check box A.1 if you checked item V.B.1, and fill in the date operations began. For new facilities, check box A.2, and fill in the date operations began or are expected to begin.
3. **Revised Application:** Check the appropriate box to specify whether this is a revised application for a new or an existing facility.

ITEM VII: PERMIT AND LICENSE FEES

Check the appropriate boxes that apply to the application you are providing (i.e., construction permit, operating license). Carry the dollar amounts associated with each box to the lines at the right and add the amounts in the columns. You must include payment with your application in order for your application to be processed. Checks should be made payable to the "State of Michigan" and delivered with your application form.

ITEM VIII: EXISTING ENVIRONMENTAL PERMITS

Items A through E: Enter the number of each presently effective permit issued to the facility for each program, or if you have previously filed an application, but have not yet received a permit, give the number of the application filed. If you have more than one currently effective permit for your facility under a particular permit program, you may list additional permit numbers on a separate sheet of paper. Attach a copy of each permit or permit application to the form as proof of issuance or application.

ITEM IX: NATURE OF BUSINESS

Briefly describe the nature of your business. If more space is needed, attach additional sheets.

ITEM X: MAP

Provide a topographic map or maps of the area extending to at least one mile beyond the property boundaries of the facility. The map must clearly show the following:

- The legal boundaries of the facility;
- The location of each of your existing and proposed intake and discharge structures;
- All hazardous waste management facilities;
- Location of all processes listed in Items XII and XIII identified by process code;
- Each well where you inject fluids underground; and
- All springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the facility, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U. S. Geological Survey maps corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps that include rivers, show the direction of the current. Use a 7 and ½ minute series map published by the U. S. Geological Survey, which may be obtained through the DEQ Geological and Land Management Division at P O Box 30256, Lansing MI 48909. If a 7 and ½ minute series map has not been published for your facility site, then you may use a 15 minute series map from the DEQ Geological and Land Management Division. If neither a 7 and ½ nor 15 minute series map has been published for your facility, use a plant or other appropriate map, and include all requested information; in this case, briefly describe land used in the map area (e.g., residential, commercial, etc.).

ITEM XI: FACILITY DRAWING

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8 ½ by 11 inch sheet of paper. This drawing should show the following:

- The property boundaries of the facility;
- The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;
- The name of each operation (e.g., multiple hearth incinerator, drum storage area, etc.);
- Areas of past storage, treatment, or disposal operations;
- Areas of future storage, treatment, or disposal operations; and
- The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas. (Note: where applicable, use the process codes listed in Items XII and XIII to indicate the location of all storage, treatment, and disposal areas.)

ITEM XII: PHOTOGRAPHS

All existing facilities must include photographs that clearly delineate all existing structures, all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate the date of the photograph on the back of each photograph. Use the process codes and descriptions in Items XIII and XIV to indicate the location of all storage, treatment and disposal areas.

ITEM XIII: PROCESS CODES AND DESIGN CAPACITIES

The information in Item XIII describes all the processes that will be used to treat, store, or dispose of hazardous waste at the facility. The design capacity of each process must be provided as part of the description. Please indicate the location of each process listed in Item XIII on either the map provided for Item X or the photographs provided for Item XII. Use the line number from Item XIII to indicate where the process(es) are located. See the table below and on the next page for detailed instructions to Item XIII.

EXAMPLE XIII: <i>(shown in line numbers 1 and 2 below)</i> A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.			
LINE NUMBER	A. PROCESS CODE (from next page)	B. PROCESS DESIGN CAPACITY	
		B.1. AMOUNT	B.2. UNIT OF MEASURE (code from next page))
1	S02	600	G
2	T03	20	E

Note: Process codes T80-T93 are designated for Boilers and Industrial Furnaces as regulated under 40 CFR Part 266, Subpart H.

Other Processes: Use this space to describe other processes that did not have a specific process code listed on the next page. Follow the instructions in the box for 'Other' processes.

TABLE XIII. PROCESS-CODES AND DESIGN CAPACITIES

- A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. 12 lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item XIII.C).
- B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.
1. AMOUNT - Enter the amount.
 2. UNIT OF MEASURE - For each amount entered in column B.1, enter the code from the list of unit measure codes below that describe the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	CODE	APPROPRIATE UNIT OF MEASURE
<u>Storage:</u>		
CONTAINER	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<u>Disposal:</u>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METERS
LAND APPLICATION	D81	ACRES OR HECTARES
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
<u>Treatment:</u>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR: GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerator. Describe the processes in the space provided: item IX.C.)	T04	GALLONS PER DAY OR LITERS PER DAY
UNIT OF MEASURE.....CODE	UNIT OF MEASURE.....CODE	
GALLONS.....G	LITERS.....L	
CUBIC YARDS.....Y	CUBIC METERS.....C	
GALLONS PER DAY.....U	LITERS PER DAY.....V	
TONS PER HOUR.....D	METRIC TONS PER HOUR.....W	
GALLONS PER HOUR.....E	LITERS PER HOUR.....H	
ACRE-FEET.....A	HECTARE-METERS.....F	
ACRES.....B	HECTARES.....Q	

ITEM XIV: DESCRIPTION OF HAZARDOUS WASTES

The information in Item XIV must describe all hazardous waste that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. Please refer to the table below and on the next page for the detailed instructions to Item XIV.

EXAMPLE FOR COMPLETING ITEM XIV (*shown in line numbers 1-4 below*) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NUMBER	A. EPA HAZARD WASTE NO. (<i>enter code</i>)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (<i>enter code</i>)	D. PROCESSES				
				1. PROCESS CODES (<i>enter code</i>)			2. PROCESS DESCRIPTION [<i>if no code entered in D.1</i>]	
1	K054	900	P	T03	D80			
2	D002	400	P	T03	D80			
3	D001	100	P	T03	D80			
4	D002							INCLUDED WITH ABOVE

TABLE XIV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR §261, Subpart D for each listed hazardous waste you will handle. If you handle hazardous waste which are not listed in 40 CFR §261, Subpart D, enter the four-digit number(s) from 40 CFR §261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed wastes entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES: For each listed and non-listed characteristic or toxic contaminated hazardous waste entered in Column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
Note: Four spaces are provided for entering process codes. If more are needed: (a) Enter the first three as described above; (b) Enter "000" in the extreme right box of Item XIX.D.1; and (c) Enter the additional code(s) on the next line number.
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describe all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous waste number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

ITEM XV: OTHER REQUIRED ATTACHMENTS TO THIS FORM

1. **Item A, General Information:** Attach to the application form the general information required in this section. You should include a separate attachment for each topic. For certain topics, the WHMD has developed Module Templates, which are attached to form EQP5111, as noted in the Table below. Topics with Module Templates are marked with an asterisk on the form itself, and should be used by applicants when completing the application.

Module Name:	Template Number:
Chemical & Physical Analyses	A.2
Waste Analysis Plan	A.3
Personnel Training Program	A.10
Closure/post-closure Plan	A.11
Closure/post-closure Cost Estimates	A.12

The information provided must meet the requirements of 40 CFR §270.14(b) and (d), as appropriate and required by R 299.9504 and R 299.9508 of the rules.

2. **Item B, Supplemental Information:** For column one, include a separate attachment for each item to all construction permit and operating license applications. The information required for each attachment is specified in R 299.9504 and R 299.9508. For column two, include a separate attachment for each item for operating licenses only. The attachments in column two are not required for construction permits. The information required for each attachment is specified in R 299.9508.

For certain topics, the WHMD has developed Module Templates, which are attached to form EQP5111, as noted in the Table below. Topics with Module Templates are marked with an asterisk on the form itself, and should be used by applicants when completing the application.

Module Name:	Template Number:
Corrective Action Information	B.2
Hydrogeological Report	B.3
Environmental Assessment	B.4
Environmental Monitoring Programs	B.5

3. **Item C, Facility Specific Information:** Attach the required technical information for each unit for which the facility is seeking a construction permit or operating license. The information requirements for each unit listed are specified in R 299.9504, Part 6 of the rules, and 40 CFR Part 264. For certain topics, the WHMD has developed Module Templates, which are attached to form EQP5111, as noted in the Table below. Topics with Module Templates are marked with an asterisk on the form itself, and should be used by applicants when completing the application.

Module Name:	Template Number:
Containers	C.1
Tanks	C.2
Air emissions from process vents, equipment leaks, tanks, containers, & surface impoundments	C.11 (Three Modules)

ITEM XVI, CERTIFICATION:

All facility owners must sign Item XVI. If the facility will be operated by someone other than the owner, then the operator must also sign Item XVI. Federal regulations require the certification be signed as follows:

1. For a corporation, by a principal executive officer at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

Act 451 provides for severe penalties for submitting false information on this application form. Section 324.11151(2) of Act 451 provides that any person who knowingly makes any false statement or representation in any application shall, upon conviction, be subject to a fine of not more than \$25,000 for each instance of violation, and if the violation is continuous, for each day of continued non-compliance, or to imprisonment for not more than one year, or both.

The DEQ will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. Questions or concerns should be directed to the DEQ Office of Personnel Services, PO Box 30473, Lansing Michigan 48909.

DEQ Web Site: <http://www.michigan.gov/DEQ>

DEQ, WHMD Mailing Address: Department of Environmental Quality, Waste and Hazardous Materials Division,
PO Box 30241, Lansing, Michigan 48909

**APPLICATION FORM FOR CONSTRUCTION PERMITS AND OPERATING LICENSES
HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES**

Required under authority of Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 P.A. 451, as amended. Failure to submit this information may result in civil or criminal penalties.

(Note: Copies of DEQ Site Identification form EQP5150 and
EPA Part A Permit Application Form 8700-23 must be submitted with this form.)

I. FACILITY EPA ID NUMBER:**II. FACILITY'S LEGAL OWNER****A. NAME****B. STREET OR P. O. BOX****C. CITY OR TOWN, STATE, ZIP CODE****D. PHONE NUMBER (Area Code and Number)****E. OWNER TYPE** ☐ **F. OWNER CHANGE?** ☐ Y ☐ N ☐ **DATE****III. FACILITY OPERATOR****A. NAME****B. STREET OR P. O. BOX****C. CITY OR TOWN, STATE, ZIP CODE****D. PHONE NUMBER (Area Code and Number)****E. OPERATOR TYPE** ☐ **F. OPERATOR CHANGE?** ☐ Y ☐ N ☐ **DATE****IV.. TITLEHOLDER OF LAND****A. NAME:****B. STREET OR P O BOX****C. CITY OR TOWN, STATE, ZIP CODE****D. PHONE NUMBER**

V. CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION (Check One)

- A. ☐ CONSTRUCTION PERMIT APPLICATION
B. ☐ OPERATING LICENSE APPLICATION
 B.1. ☐ FIRST APPLICATION
 B.2. ☐ RENEWAL APPLICATION
 B.3. ☐ APPLICATION FOR LICENSE MODIFICATION
 B.4. ☐ RESEARCH, DEVELOPMENT AND DEMONSTRATION LICENSE APPLICATION

VI. FIRST OR RENEWAL APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA ID Number, or if this is a revised application, enter your facility's EPA ID Number in Item I above.

A. FIRST APPLICATION ☐ 1. EXISTING FACILITY ☐ 2. NEW FACILITY

B. REVISED APPLICATION ☐ 1. EXISTING FACILITY ☐ 2. NEW FACILITY

For existing facilities, provide date operation or construction began.

For new facilities, provide date operation began or is expected to begin.

VII. PERMIT AND LICENSE FEES

A. ☐ CONSTRUCTION PERMIT FIXED FEE (complete the following)

1. Check type of facility:

- ☐ Land Disposal (\$9,000) \$ _____
☐ Incineration or other treatment (\$7,200) \$ _____
☐ Storage (\$500) \$ _____

2. Site size _____ acres (see fee schedule in section 324.11118 of Act 451) \$ _____

3. Projected waste volume (see fee schedule)

_____ Gallons/day \$ _____
OR _____ Cubic yards/day \$ _____

4. Hydrogeological characteristics for land disposal (see fee schedule)

- ☐ Natural Clay
☐ Sand
☐ Compacted Clay
☐ Artificial Liner \$ _____

5. For treatment or storage facilities Is there surface water on the Site?

- ☐ No
☐ Yes (\$75) \$ _____

TOTAL CONSTRUCTION PERMIT FIXED FEE:

\$ _____

B. ☐ OPERATING LICENSE FEE \$ 500.00

VIII. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

D. PSD (Air Emissions From Proposed Sources)

E. OTHER (Specify)

IX. NATURE OF BUSINESS *(Provide a brief description)*

X. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for specific requirements.

XI. FACILITY DRAWING

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XII. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XIII. PROCESS-CODES AND DESIGN CAPACITIES (See instructions.)

LINE NUMBER	A. PRO- CESS CODE (from list)	B. PROCESS DESIGN CAPACITY			LINE NUMBER	A. PRO- CESS CODE (from list)	B. PROCESS DESIGN CAPACITY		
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	FOR OFFI- CIAL USE ONLY			1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	FOR OFFICI AL USE ONLY
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

C. THIS SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04").
FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

XIV. DESCRIPTION OF HAZARDOUS WASTES

[illegible]

XV. OTHER REQUIRED ATTACHMENTS**A. GENERAL INFORMATION**

Attach each of the following separately to the application:

- | | | |
|------------------------------------|---------------------------------------|---------------------------------------|
| 1. General facility description | 6. Preparedness/prevention or waiver* | 11. Closure/post-closure (C/PC) plan* |
| 2. Chemical & physical analyses* | 7. Contingency plan* | 12. C/PC cost estimates* |
| 3. Waste analysis plan* | 8. Traffic information | 13. Topographic map |
| 4. Security procedures & equipment | 9. Location information | 14. Liability mechanism |
| 5. Inspection schedules | 10. Personnel training program* | 15. Financial assurance Instrument |
- *Refer to Instructions for Guidance.

B. SUPPLEMENTAL INFORMATION

Attach each of the following separately to all applications:

1. Status of compliance with other federal laws
2. Corrective Action information*
3. Hydrogeological report*
4. Environmental assessment*
5. Environmental monitoring programs*
6. Engineering plans

*Refer to Instructions for Guidance.

Attach each of the following separately to operating license applications:

1. Proof of issuance of other permits or licenses
2. For new facilities, construction certification
3. Capability certification/compliance schedule
4. Restrictive covenant (landfills only)

C. FACILITY SPECIFIC INFORMATION

Attach the required technical information to all applications separately for each of the following units or processes:

- | | |
|--------------------------------------|---|
| 1. Containers* | 6. Waste piles |
| 2. Tanks* | 7. Landfills |
| 3. Incineration or thermal treatment | 8. Land treatment |
| 4. Treatment | 9. Miscellaneous units |
| 5. Surface impoundments | 10. Underground mines or caves |
| | 11. Air emissions from process vents, equipment leaks, tanks, containers, & surface impoundments* |
| | 12. Drip pads |
| | 13. Boilers and industrial furnaces |

*Refer to Instructions for Guidance.

XVI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

OWNER NAME (type or print)	SIGNATURE	DATE SIGNED
OPERATOR NAME (type or print)	SIGNATURE	DATE SIGNED
NAME OF TITLEHOLDER OF LAND (type or print)	SIGNATURE	DATE SIGNED